

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mm</i>		10/24/00
O.I.P.E. CLASSIFIER	<i>mm</i>	45	10/28
FORMALITY REVIEW	FH	JC 856	11-07-00
RESPONSE FORMALITY REVIEW	Request	925	03-27-01

# INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	12/8/03
2	5/12/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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